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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/014,822	<b>RECEIVED</b> <b>JAN 05 2004</b> <b>TC 1700</b>
	Filing Date	10/26/2001	
	First Named Inventor	Barker	
	Art Unit	1745	
	Examiner Name	Chaney, C.	
Total Number of Pages in This Submission	38	Attorney Docket Number	VT-2230B1

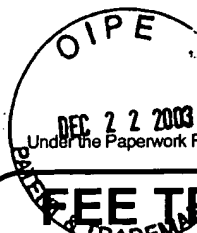
ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):		
<table border="1"><tr><td>Remarks</td><td></td></tr></table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael Ross, Reg. No. 45,057
Signature	
Date	December 19, 2003

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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<b>FEE TRANSMITTAL</b> <b>for FY 2003</b>  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  <b>TOTAL AMOUNT OF PAYMENT (\$)</b> 968.00	Application Number	10/014,822
	Filing Date	October 26, 2001
	First Named Inventor	Barker
	Examiner Name	Chaney, C.
	Group Art Unit	1745
	Attorney Docket No.	VT-2230B1

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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																																																																																				
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other None Order <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 220100 Deposit Account Name Valence Technology, Inc.  The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  <b>FEE CALCULATION</b>  <b>1. BASE FILING FEE</b> <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code (\$)</th><th>Fee Code (\$)</th><th>Fee Code (\$)</th><th>Fee Code (\$)</th></tr></thead><tbody><tr><td>1001 770</td><td>2001 385</td><td>Utility filing fee</td><td></td><td></td><td></td></tr><tr><td>1002 340</td><td>2002 170</td><td>Design filing fee</td><td></td><td></td><td></td></tr><tr><td>1003 530</td><td>2003 265</td><td>Plant filing fee</td><td></td><td></td><td></td></tr><tr><td>1004 770</td><td>2004 385</td><td>Reissue filing fee</td><td></td><td></td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td><td></td><td></td></tr></tbody></table> <p style="text-align: right;"><b>SUBTOTAL (1) (\$)</b> <input type="text"/></p> <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1"><thead><tr><th></th><th>Extra Claims</th><th>Fee</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total Claims</td><td>- 20 = 49</td><td>x 18.00 =</td><td>882.00</td></tr><tr><td>Ind. Claims</td><td>- 3 = 1</td><td>x 86 =</td><td>86.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td>=</td></tr></tbody></table> <table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code (\$)</th><th>Fee Code (\$)</th><th>Fee Code (\$)</th><th>Fee Code (\$)</th></tr></thead><tbody><tr><td>1202 18</td><td>2202 9</td><td>Claims in excess of 20</td><td></td><td></td><td></td></tr><tr><td>1201 86</td><td>2201 43</td><td>Independent claims in excess of</td><td></td><td></td><td></td></tr><tr><td>1203 290</td><td>2203 145</td><td>Multiple dependent claim, if not paid</td><td></td><td></td><td></td></tr><tr><td>1204 86</td><td>2204 43</td><td>**Reissue independent claims over original patent</td><td></td><td></td><td></td></tr><tr><td>1205 18</td><td>2205 9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td><td></td><td></td></tr></tbody></table> <p style="text-align: right;"><b>SUBTOTAL (2) (\$)</b> 968.00</p> <p><small>** or number previously paid, if greater; For Reissues, see above</small></p> <b>3. 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Name (Print/Type)	Michael Ross	Registration No. (Attorney/Agent)	45,057	Telephone	702-558-1071
Signature				Date	12/19/2003